



BOARD OF EXAMINERS

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Verification of
Licensure in Marriage
And Family Therapy

I. TO BE COMPLETED BY APPLICANT

Authorization to release information: I certify that the I was issued license or certificate number _____ on date _____ hereby entitling myself to use the title "Marriage and Family Therapist" and/or the right to practice marriage and family therapy in the state of _____, thereby authorizing the stated Board of to release the information requested below to MS Board of Examiners.

Applicant's Signature: _____ Print Full Name: _____ Date: _____

Part II - To be completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT

Name: _____ License No: _____ Date of Issue: _____ Expiration Date: _____

Current Status: [] Active [] Inactive [] Lapsed [] Suspended [] Other _____

Licensed by: () Graduate degree with clinical experience () State examination
() Endorsement with license from the State of _____ () Other _____

Did licensee take the AMFTRB exam? [] Yes [] No

Did licensee show proof of obtaining a graduate degree in marriage and family therapy? [] Yes [] No

Was 2 years of clinical supervision completed? _____ If yes, how many hours were completed? _____

Is License in Good Standing? _____ if no, please explain: _____

Any derogatory information? _____ if yes, please explain: _____

Has License ever been suspended, revoked or restricted? _____ if yes, please attach copies of any actions.

Signature / Printed Name / Title

Title of Board / Phone Number

Board Seal

Date